

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: William K. Dail  
Title: MODULAR REFRIGERATION  
SYSTEM  
Appl. No.: To be determined  
Filing Date: To be determined  
Examiner: To be determined  
Art Unit: To be determined

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979074293 US	10/21/03
(Express Mail Label Number)	(Date of Deposit)
Jacqui Banks	
(Printed Name)	
	
(Signature)	

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

William K. Dail  
1261 Buloxi Court  
Grayson, Georgia 30017

Enclosed are:

- ☒ [ X ] Specification, Claim(s), and Abstract (24 pages).
- ☒ [ X ] Formal drawings (5 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8).
- ☒ [ X ] Declaration and Power of Attorney (3 pages).
- ☒ [ X ] Assignment of the invention to Delaware Capital Formation, Inc..
- ☒ [ X ] Assignment Recordation Cover Sheet.
- ☒ [ X ] Check in the amount of \$40.00 for Assignment recordation.

- ☒ Information Disclosure Statement.
- ☒ Form PTO/SB/08 with 18 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total	43	-	20	=	23	x	\$18.00	=	\$414.00
Claims:									
Independ	4	-	3	=	1	x	\$86.00	=	\$86.00
ents:									
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
							SUBTOTAL:	=	\$1270.00
<input type="checkbox"/>							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$1,270.00

- ☒ A check in the amount of \$1,270.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date OCTOBER 21, 2003

By



John M. Lazarus  
Attorney for Applicant  
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